MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-515) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. AD TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL TOTAL **国家**形 : 866

FILING DATE